



# DEPARTMENT OF VETERANS AFFAIRS OFFICE OF INSPECTOR GENERAL

## PODCAST TRANSCRIPT

### OIG DETERMINATION OF VETERANS HEALTH ADMINISTRATION'S OCCUPATIONAL STAFFING SHORTAGES — FISCAL YEAR 2018

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Sami O'Neill:

I'm Sami O'Neill, Director of the Office of Healthcare Inspections National Reviews. Today I am speaking with my National Review colleagues Dr. Robert Yang and Associate Director Nathan McClafferty regarding the report on the *OIG Determination of Veterans Health Administration's Occupational Staffing Shortages for Fiscal Year 2018*. This report focuses on the current lack of a national staffing model that identifies and prioritizes VA medical centers' distinct staffing needs at the local level.

Mr. McClafferty, why did the OIG conduct this review and how is it different from the previous reviews of the Veterans Health Administration (or VHA) occupational staffing shortages?

Nathan McClafferty:

Appropriate staffing allows a medical facility to function at its full potential. It is critically important that VA medical facilities are properly staffed to ensure veterans are provided the best possible health care—a keystone of OIG oversight. We also conducted this most recent review in response to newly established requirements in the VA Choice and Quality Employment Act of 2017.

The OIG is required under that law to report a minimum of five clinical and five nonclinical VA occupations that reflect the largest staffing shortages at each medical facility. The previous OIG reviews focused on the top *clinical* staffing shortages throughout VHA at only the national level.

What is different about this report is that it allows readers to use the information to examine the particular needs of an individual facility that were previously obscured by aggregate national data reporting. It also includes *nonclinical* occupations (such as human resources, police, and custodial personnel) that affect the ability of VA medical facilities to provide quality patient care in a safe environment.

Sami O'Neill:

Dr. Yang, what approach did the team take to determine the local facility staffing shortages and why was this of particular value?

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Dr. Robert Yang:

We developed and conducted a facility-specific survey that was completed by 140 VA medical facilities to identify staffing shortages. It is important to note that we relied on VHA facilities to self-report accurate assessments of their occupational staffing shortages as of December 31, 2017. We asked medical center directors to identify those occupations for which the director felt there was a *severe shortage of candidates* — not necessarily all of the positions with vacancies. So this report likely undercounts the true number of occupations needed at a particular facility. The OIG did not independently validate the information provided by the facilities.

There is clear value in being able to identify local facilities' distinct staffing needs. For example, a rural facility that specializes in the treatment of mental health will need to be staffed differently than an urban facility in downtown Manhattan that provides a broad array of services.

Sami O'Neill:

Mr. McClafferty, even though there was significant variation in what different medical facilities need, can you generalize what the most common clinical and nonclinical staffing shortages were throughout VHA when aggregated at the national level?

Nathan McClafferty:

The most frequently cited shortages were in the medical officer and nurse occupations. This is consistent with what the VA OIG found in previous years.

Within nonclinical occupations, human resources management and police occupations were among the most often cited shortages. Two-thirds of facilities designated human resources management as a shortage! It may not be obvious to everyone, but including a focus on nonclinical positions is important. If you lack personnel to conduct essential nonclinical functions such as stock supplies, clean medical storage and patient areas, or screen and hire hospital staff, you can undermine the high quality of care that VA should be providing veterans. In this iteration of the staffing report, some facilities stated that nonclinical occupations make up the majority of their shortages, underscoring the importance of these positions.

A recent OIG Hotline Inspection review identified cleanliness issues at a VA medical center, due in part to inadequate custodial staffing. Dirty areas can increase infection risks to patients. Human resource staff shortages have also been listed as a priority by medical centers because if you don't have the HR staff to support local hiring, staffing shortages can result throughout the medical center that affect veteran care. These are just a few examples of why nonclinical occupations were included in the survey.

Sami O'Neill:

Dr. Yang what were some of the reasons facilities provided for their reported shortages?

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Dr. Robert Yang:

Facility responses for reasons why there were shortages also varied significantly. Although not all facilities chose to provide a reason for each designated shortage, and the level of specificity differed among respondents, there were some commonly reported reasons. These included a lack of qualified applicants, noncompetitive salaries, and high staff turnover.

Sami O'Neill:

And Mr. McClafferty, what recommendations does the OIG make to VHA on how to address these staffing shortages?

Nathan McClafferty:

In this report the OIG again recommends that VHA develop a staffing model that identifies and prioritizes the long-standing needs identified across the nation while still allowing flexibility at the facilities' level to consider such factors as their local patient needs and the pool of qualified care providers in that area. VHA has agreed to implement the recommendation as an important first step.

Sami O'Neill:

Dr. Yang, what should people understand and take away from this report about staffing at VHA facilities?

Dr. Robert Yang:

Local and national leaders have difficult financial management and staffing decisions to make about staffing shortages in VA medical centers, and such decisions should not be made without the kind of accurate local-level staffing data and models that are currently lacking.

Each medical center's staffing needs are unique based on the veteran patient population, their medical needs, geographic location, local hiring pool, and other community care resources. Because of these differences individual medical centers need the flexibility to make staffing decisions to meet the demands of their veteran patients in the most efficient manner.

The OIG team hopes that this new report will provide a starting point for the data-driven planning that is required to address persistent and highly variable staffing shortages. The value of this report is in creating the foundation for a national discussion about how to best use taxpayer dollars to effectively staff VA facilities.

Sami O'Neill:

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